

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
19645590
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* IND.	* IND.
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.			
1					51		
2					52		
3					53		
4					54		
5					55		
6					56		
7					57		
8					58		
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40					90		
41					91		
42					92		
43					93		
44					94		
45					95		
46					96		
47					97		
48					98		
49					99		
50					100		
TOTAL IND.					TOTAL IND.		
TOTAL DEP.					TOTAL DEP.		
TOTAL CLAIMS					TOTAL CLAIMS		